

PATENT Docket No. 20052/36543B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:) Title: METHODS AND APPARATUS
Hay et al.) FOR SELECTING FARMS TO GROW) A CROP OF INTEREST
Serial No: 10/043,403)
•) Group Art Unit: 3623
Filed: January 10, 2002)
) Examiner: Robinson Boyce
)

RECEIVED

MAY 0 6 2004

GROUP 3600

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on April 29, 2004 in an envelope addressed to Mail Stop Non-Fee Amendment, the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

05/05/2004 CCHAU1

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James A. Flight

1. Sı	nall Entity State	us					
] Verified sta	Verified statement(s) claiming small entity status is(are) attached.					
] Small entity	y status has been established and is still effective.					
\boxtimes	Has not bee	been established.					
2. E				under 37 CFR 1.136 for the tota			
EXTENSION (Months)		FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY			
One Month		X	\$110.00	\$55.00			
Two Months			\$420.00	\$210.00			
Three Months			\$950.00	\$475.00			

If an additional Extension of Time is required, please consider this a petition therefor.

Four Months

Fifth Month

An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$______

\$1,480.00

\$2,010.00

Extension Fee Due With This Request \$110.00

\$740.00

\$1,005.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

				SMA	SMAL	L ENTITY	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee	
TOTAL	9	MINUS	14	= 0	X 9=		X18=	\$0.00
INDEP.	5	MINUS	8	=	X43=		X86=	\$0.00
First Prese	entation of Multi	ple Dependen	t Claim		+145=		+290=	
TOTAL A	ADDITIONAL	FEE				1	OR	\$0.00

4. Method of Payment of Fees

\boxtimes	Attached is a check in the amount of:	\$110.00
	Charge Deposit Account No. 50-2455 in the amount of:	\$

A copy of this Transmittal is enclosed.

5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Grossman & Flight, LLC at the address below.

Respectfully submitted,

GROSSMAN & FLIGHT, LLC 20 North Wacker Drive Suite 4220

Chicago, Illinois 60606

(312) 580-1020

By:

ames A. Flight

Registration No.: 37,622

April 29, 2004